

DRAFT
CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)
AND
EMS CLINICAL COORDINATORS

Location: AHA, 5 Brookside Dr, Wallingford, CT 06492
September 10, 2015
MINUTES

Member Attendees: Kyle McClaine, Richard Kamin, William Begg, Doug Gallo, Jim Castellone, James Parker, Dave Cone

OEMS Staff:

Guests: Mike Zanker, Kevin Burns, David Bailey, Patti Palaie, Ralf Coler, Nancy Brunet

Chaired By: Richard Kamin, M.D., and Kyle McClaine, M.D.

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:00 am	The minutes of the June 2015 CEMSMAC meeting were reviewed.	Motion to accept as submitted made by Dr. Castellone and second by Dr. Cone – unanimous approval.

DPH/OEMS Report	<ul style="list-style-type: none"> • No formal report given or submitted • Question from Region IV regarding future of MIH in CT and how DSS/DPH study will proceed. • How can an entity get involved • How can the EMSAB MIH Sub-Group support/assist 	<p>Questions re MIH to be posed back to OEMS</p>
SCT Medication Issue/Overall SCT discussion (Group)	<ul style="list-style-type: none"> • Review finished on formulary • Next step is to move desired changes to education committee • Discussion regarding need to continue to develop process/structure in state for SCT/critical care • Need to develop data/registry so that we know where we are • Need to define SCT so that practice can be built <ul style="list-style-type: none"> ○ Zanker – need to set up floor as well as process to amend. 	<ul style="list-style-type: none"> • Will continue to develop SCT process/structure within sub-group of CEMSMAC • Will continue to meet before CEMSMAC

<p>Ongoing Sponsor Hospital Support of AEMT (Kamin)</p>	<ul style="list-style-type: none"> • Coler - Educational “packet” for AEMT already developed at federal level • Work needs to be done at state to better define how training is held/validated 	<ul style="list-style-type: none"> • From survey done via regions there was a general lack of intent to continue to provide oversight to AEMT level services • Formal report from survey pending • Region V – Danbury – 4-5 AEMT services – plan to coordinate with 5 AEMT services and have discussion regarding moving forward. They are willing to consider support of the AEMT if initial and ongoing education is ensured
<p>Regional MAC Reports (regional reps)</p>	<p>Region I – Met in July</p> <ul style="list-style-type: none"> • Mission Lifeline presented • AEMT – general lack of support due to CME need moving forward • Questions regarding how to deviate/alter from statewide guidelines once in place • SCT revision/implementation ongoing • Next meeting - 9/17/2015, noon, Weston Fire Station 2, 2nd floor: 234 Lyons Plain Rd, Weston, CT <p>Region II – MAC not meeting in face of ongoing regional council meeting though</p>	

	<p>Region III</p> <ul style="list-style-type: none"> • Behavioral emergency guideline discussed <ul style="list-style-type: none"> ○ No changes to guideline at this point ○ Supported involving police to better develop policy • BLS downgrade • Naloxone guideline <ul style="list-style-type: none"> ○ Updated to formally include BLS providers • Discussed iv and IN dosing • Nor epi as substitute for dopamine • Need for changes to state EMS DNR doc <p>Region IV</p> <ul style="list-style-type: none"> • New EMS Med director at L&M –Dr Cronin • New Trauma and EMS Coordinator at Backus- Rene Malaro • Review of min equipment list –concern regarding syringe counts, Morgan lens requirement (no services in region 4 use) • NECOG study ongoing – analysis of EMS system in Northeast CT –all levels of service <ul style="list-style-type: none"> ○ Survey sent out to all agencies and Sponsor hospitals ○ Onsite interviews and analysis ○ Report due back with recommendations within next several months 	
--	--	--

	<p>Region IV:</p> <ul style="list-style-type: none"> • BLS IM Med proposal <ul style="list-style-type: none"> ○ Epi pen autoinjectors currently \$300 or more, up from \$75 five years ago. Narcan autoinjector \$400. ○ Cost of simple kit with ampule of meds], IM needle and small syringe approx \$20. ○ Should we propose change in scope of practice to allow BLS IM Epi, Narcan? <p>Region V</p> <ul style="list-style-type: none"> • AEMT Discussion <ul style="list-style-type: none"> ○ Relevant for 5 services in Region V all within WCHN. ○ WCHN would support providing oversight and would endorse services that had acceptable proposals on educational timeline, but WCHN would not condone outsourcing of AEMT education to questionable services. ○ Oct meeting scheduled for affected parties to determine if Region V will sunset AEMT or attempt to move to 2009 level of training • Discussion re Albuterol use by EMT <ul style="list-style-type: none"> ○ For trial of use of nebulized albuterol by Basic EMS personnel ○ Proposal for scope of practice change will be presented to CEMSMAC at later date. • Medications being reviewed in Region V: Nitro / 	
--	--	--

	<p>Midazolam / Hydralazine / Fentanyl/ Albuterol/ Ativan vs Valium vs Versed as a newer option</p> <ul style="list-style-type: none"> • Revised the procedural guidelines for Selective Spinal Immobilization (it was duplicated in two different sections of the protocols) • Medication reference sheet for IV drips, other meds being developed • Agitated Patient Restraint / Excited Delirium: Ketamine 3-5 mg/kg IM possibility • NHTSA: discussion as to what is discoverable and processes associated • Trauma protocol revision proposal (Guideline & nomenclature consistency based on ACS criteria COT is goal) • BLS CPAP: No opportunities for use so far in Region V. 	
Mobile Integrated Healthcare	No formal report from EMSAB MIH Sub-comm	Specific question to go back to OEMS re how MIH is proceeding as above
Nor-epinephrine added to State Min Equipment List (Castellone/Kamin)		<ul style="list-style-type: none"> • Agreement to utility of adding Nor-epinephrine as suitable substitute to Dopamine for vasopressor • Will add "Revision to State Minimum Equipment list" to list to the agenda
Revision of State DNR/Discontinuation	<ul style="list-style-type: none"> • Current document is from 2010 and in potential need of revision 	<ul style="list-style-type: none"> • Will remain on agenda for further work

of Resuscitation Doc (Castellone/Kamin)		
Statewide Unified Guidelines		<ul style="list-style-type: none"> Plan to distribute draft on or before next meeting
CMED	<ul style="list-style-type: none"> New Haven split between at least three communication centers 	<ul style="list-style-type: none"> To remain on the agenda.
EMS Destination Guidelines (Zanker issue on intoxicants)	<ul style="list-style-type: none"> Broader issue of destination for EMS patients that should include disease/issue specific concerns but also general issue re destination determination State ED Directors acknowledge issue although may not be generalized regarding intoxicated patients EMSAB also supports the clarification from OEMS re destination decision making 	<ul style="list-style-type: none"> Will remain on agenda
Adjourned	<ul style="list-style-type: none"> Next CEMSMAC meeting is scheduled for October 8, 2015 @ 10:00 am. 	

Respectfully submitted: Richard Kamin MD, Kyle McClaine MD